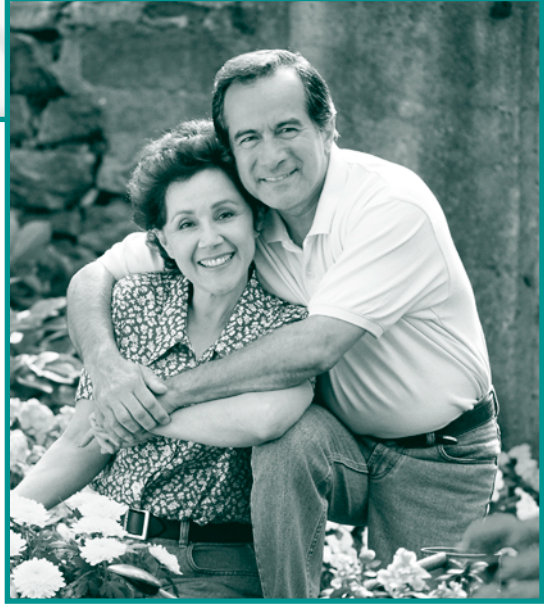


Heart Disease and Stroke



For more information about CDC's cardiovascular health program,
visit www.cdc.gov/nccdphp/cvh



Bringing State-of-the-Art Techniques in Chronic Disease Management to Patients in Federally Funded Health Centers

Producing Results

Arkansas increased the number of community health centers implementing techniques for care of patients with chronic disease, such as electronic data management and clinical information systems.

Public Health Problem

Heart disease is the leading cause of death in Arkansas, and the state ranks second in the country in deaths from stroke. Arkansas has a larger burden of disease than the rest of the nation, possibly because the state has higher-than-average rates for risk factors. BRFSS data indicate that 30 percent of people in Arkansas have high blood pressure (versus 26 percent in the nation); 26 percent smoke cigarettes (versus 23 percent in the nation); and 27 percent are physically inactive (versus 24 percent in the nation). These risk factors significantly increase the potential for heart disease and stroke.

Taking Action

The Arkansas Cardiovascular Health Program, through the Arkansas Chronic Illness Collaborative, is helping federally funded community health centers and area health education centers to develop electronic patient-management systems to support control of heart disease and stroke and diabetes. Such clinical information systems have proven effective in helping to improve quality of care and controlling heart disease and stroke risk factors (such as high blood pressure) among patients in federally funded health centers. The Arkansas Cardiovascular Health Program is helping federally funded health centers in the state to apply these proven interventions and is continually expanding the number of community health centers capable of implementing these disease management techniques. Other partners in the Arkansas Chronic Illness Collaborative include the Arkansas Diabetes Prevention and Control Program; the Bureau of Primary Care's Federally Qualified Community Health Centers of Arkansas, Inc.; and the Arkansas Foundation for Medical Care, the state's quality-improvement organization.

Implications and Impact

Improvements in control of risk factors for heart disease and stroke can significantly reduce risk for heart attack, stroke, coronary heart disease, and death from CVD. The Arkansas Cardiovascular Health Program is helping to bring state-of-the-art techniques in disease management to the vulnerable populations served by federally funded health centers in the state. Public health has a critical role to play in helping to bring these effective measures for prevention of heart disease and stroke to the places where vulnerable populations receive health care and in building the capacity of such clinics to implement these and other public health measures for heart disease and stroke prevention.

Contact Information

Arkansas Department of Health
 State Heart Disease and Stroke Prevention Program Support Manager
 4815 W. Markham St., Slot 11 - Little Rock, AR 72205-3867
 Phone: 501-661-2956 www.arkansashearthealth.com
<http://www.cdc.gov/nccdphp/exemplary>



Partnering With Hospitals and the American Heart Association in Secondary Prevention of Coronary Artery Disease

Producing Results

Twenty-six hospitals in major metropolitan and rural areas in all five regions of Kentucky have adopted a secondary prevention program proven effective to improve management of patient care.

Public Health Problem

In Kentucky, heart disease and stroke account for 37 percent of all deaths; 30 percent of people die of heart disease, and 7 percent die of stroke. According to the Kentucky State of the Heart 2000 report, about 40 percent of all hospitalizations in the state are due to heart disease and stroke, resulting in hospital costs exceeding \$863 million in 2000.

Taking Action

The Cardiovascular Health Program of the Kentucky Department of Public Health partnered with the American Heart Association Kentucky Affiliate, the Kentucky Hospital Association, Healthcare Excel, and the American College of Cardiology to improve management of patient care. The partners used the American Heart Association's program, Get With the Guidelines - Coronary Artery Disease, to improve outcomes for patients in acute care settings. In April 2003, a statewide training program was launched in Lexington, and 142 people from 57 hospitals across the state participated. The state Cardiovascular Health Program provided funds, to cover the training costs and the annual fee for the Patient Management Tool, for hospitals starting the program by June 2003. Twenty-six hospitals in major metropolitan and rural areas in all five regions of Kentucky are conducting this secondary prevention program. Regular technical assistance is provided through telephone conference calls to the participating hospital teams by the American Heart Association, the state Cardiovascular Health Program, and the project's information technology manager.

Implications and Impact

These partners shared the vision of reducing deaths, disability, and recurrent heart attacks among patients with coronary artery disease and successfully collaborated to put in place secondary prevention guidelines in hospitals across Kentucky. By uniting and leveraging their strengths and resources, each organization contributed to the development of a hospital-based infrastructure for quality improvement that focuses on protocols to ensure that patients are treated and discharged with appropriate medications and lifestyle counseling. The impact of this intervention is being evaluated by assessing the compliance with secondary prevention measures. As more acute care hospitals across the state launch quality-improvement programs, illness and deaths from heart disease and stroke are expected to decline.

Contact Information

Kentucky Department for Public Health - Division of Adult and
Child Health - Heart Disease and Stroke Prevention Program Coordinator
275 East Main Street HS 1C-B - Frankfort, KY 40621
Phone: 502-564-7996 <http://chs.state.ky.us/publichealth/cardiovascular.htm>
<http://www.cdc.gov/nccdphp/exemplary>



South Carolina

Closing the Disparity Gap for Cardiovascular Disease in African American Communities

Producing Results

In efforts to close the disparity gap for cardiovascular disease, faith organizations in African American communities are implementing programs and organizational changes to address control of high blood pressure and high blood cholesterol and other cardiovascular risk factors.

Public Health Problem

Every year, more than one in four South Carolina residents have a diagnosis of some form of heart disease and stroke, and in 2000, almost 14,000 persons died of heart disease and stroke. Thirty percent of South Carolinians are African American, and they carry a disproportionate burden of cardiovascular-related deaths and hospitalizations. These illnesses also result in stroke rates that are higher than the national average, and they affect the quality of life, resulting in life expectancy 10 years less than that for the average South Carolinian. The Institute of Medicine has reported that many social, economic, political, and cultural factors are associated with health and disease and that changes in individual health behaviors alone are not likely to result in improved health and quality of life. However, environmental and policy changes affecting large segments of the population can affect the informational, physical, social, or economic environment to facilitate healthier behavior.

Taking Action

In 2002, the South Carolina Cardiovascular Health Program provided funding and training to eight health districts to implement cardiovascular health projects in collaboration with local community partners. Each of the eight districts has sponsored activities and training courses designed to create heart-healthy policies and environmental supports in African American communities. The Palmetto Health District: Promoting Healthy Congregations Project is one example. The project goals focus on increasing heart-healthy policy and environmental supports in faith-based congregations in the following ways: 1) develop a map to identify strengths, assets, and resources in the community; 2) create a community-wide media campaign (e.g., use of print and broadcast channels) to increase awareness of high blood pressure and the signs and symptoms of heart disease and stroke; and 3) implement CVH interventions to promote policy and environmental changes to help make the church a more heart-healthy organization. Churches and faith organizations select and implement policy and environmental strategies that are appropriate to their needs and that address control of high blood pressure and high blood cholesterol, prevention of tobacco use, increased physical activity, and improved nutrition.

Implications and Impact

In South Carolina, African Americans are at an increased risk for developing heart disease and stroke across all age groups and socioeconomic groups. Efforts to focus on this population through local community partners should result in strong social support for policy and environmental interventions that encourage and maintain heart-healthy behaviors.

Contact Information

South Carolina Department of Health and Environmental Control -
Division of Cardiovascular Health - Heart Disease and Stroke Prevention Director
1777 St. Julian Place, Heritage Building - Columbia, SC 29204
Phone: 803-545-4498 <http://www.scdhec.net/cvh/>
<http://www.cdc.gov/nccdphp/exemplary>



Promoting Quality Cardiovascular Care by Implementing Secondary Prevention Guidelines

Producing Results

Hospitals and community health centers adopted changes to better manage and control cardiovascular disease to decrease second events, disability, and deteriorating health from cardiovascular disease. Public health agencies and organizations played a key role in secondary prevention by propelling changes, providing tools, and assessing results.

Public Health Problem

Heart disease is the number one cause of death in Texas, and stroke is close behind at number three. Together, heart disease and stroke are the number one drain on health care resources in the state. Hospital charges in Texas for ischemic heart disease, hemorrhagic stroke, ischemic stroke, and congestive heart failure were an estimated \$7.5 billion in 2002.

Taking Action

The Texas Cardiovascular Health and Wellness Program held forums with representatives of major health systems to develop strategies for an initiative to improve quality of care for the secondary prevention of heart disease and stroke in primary and specialty health care facilities and hospitals. Participants were from health plan organizations, the Texas Medical Association, the American Heart Association Texas Affiliate and its national office, hospitals, business groups, the state's quality-improvement organization, and other health care systems. Three strategies were identified by this collaborative effort, known as the Texas Cardiovascular Quality and Patient Safety Initiative: 1) Promote adoption of the guidelines for secondary prevention from the American Heart Association and the American College of Cardiology; 2) identify physicians who can be leaders and champions in promoting adoption of these guidelines; and 3) develop a program to recognize hospitals and health care providers that adopt and follow the guidelines.

Implications and Impact

The Texas Cardiovascular Health and Wellness Program provided electronic tools for hospitals to use in management of patient data to implement secondary prevention guidelines. This program will report improvement in quality of care among participating hospitals. The state program facilitated the development of the Texas Quality Recognition Program, which recognizes physicians and hospitals for providing quality care, on the basis of nationally recognized standards. Concerned about reaching underserved populations, the Texas Cardiovascular Health and Wellness Program is also collaborating with the Texas Association of Community Health Centers to improve cardiovascular health, especially by controlling high blood pressure among patients in five community health centers.

Contact Information

Texas Department of Health - Cardiovascular Health & Wellness Program
1100 W. 49th St., T-406 - Austin, Texas 78756
Phone: 512-458-7111, ext. 2209 www.tdh.texas.gov/wellness/
<http://www.cdc.gov/nccdphp/exemplary>



Improving Control of High Blood Pressure Through Partnerships With Health Plans

Producing Results

Among participating health plans, the percentage of patients who had high blood pressure controlled increased by nearly 30 percent from 2000 to 2003.

Public Health Problem

CVD, mainly heart disease and stroke, is the leading cause of death in Wisconsin. In 2001, the estimated annual total cost of CVD in Wisconsin was more than \$5.2 billion. According to 2001 data from the Behavioral Risk Factor Surveillance System (BRFSS), 24 percent of people in Wisconsin have high blood pressure, 30 percent have high blood cholesterol, 23 percent are smokers, 58 percent are overweight, and 77 percent are physically inactive. These measures are all risk factors for CVD.

Taking Action

Wisconsin's Cardiovascular Health Program collaborated with a statewide group of HMOs and health systems, as well as other public and private health organizations, to increase the percentage of patients who have high blood pressure controlled. Participating HMOs represented 84 percent of people enrolled in HMOs in the state in 2000 and more than 98 percent of those enrolled in 2001 (nearly 1.5 million people). The Cardiovascular Health Program asked that the 20 participating health plans with commercial enrollees collect data on four measures of cardiovascular health, from the Health Plan Employer Data and Information Set (HEDIS). These data provided a baseline assessment for planning quality-improvement strategies within health plans. High blood pressure was controlled in only 48 percent of the patients in the participating health plans. On the basis of this information, the health plans put into place strategies to improve control of high blood pressure. As a result, by 2003, 62 percent of patients had high blood pressure controlled - a relative increase of nearly 30 percent over 3 years. In the first year alone, high blood pressure control increased by 21 percent. The Cardiovascular Health Program developed an initiative to reducing cardiovascular risk through control of high blood pressure and high blood cholesterol. Tools are being created to help HMOs and other health systems to implement guidelines and improve quality of care.

Implications and Impact

Wisconsin's achievements demonstrate the opportunity for state programs to serve as catalysts for improvements in the health system that lead to prevention of heart disease and stroke. Public health programs accomplish this goal by serving as a neutral entity for convening health system organizations, sharing data on improvement in the quality of care, providing a population-based perspective, and promoting health system changes that lead to better health outcomes and can maximize health care resources.

Contact Information

Wisconsin Division of Public Health - Chronic Disease Prevention Unit -
Heart Disease and Stroke Prevention Program Coordinator
1 W. Wilson Street, Room 218 - Madison, WI 53701-2659
Phone: 608- 266-3702 -dhfs.wisconsin.gov/Health/cardiovascular/
<http://www.cdc.gov/nccdphp/exemplary>